

# Adult Protective Services and County Services Block Grant Monthly Statistical Report

Send one copy of this form to:  
California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430  
FAX: (916) 657-2074

County	County Code	Report Month/Year
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## ADULT PROTECTIVE SERVICES

PART A. CASELOAD MOVEMENT	ELDER	DEPENDENT ADULT		
1. Cases brought forward from last month (same as Part A, Item 6 on previous month's report)	1	2		
2. Cases opened during the month	3	4		
3. Total number of active cases during the month (Item 3 = Items 1 + 2)	5	6		
4. Total number of cases closed during the month (Item 4 = Items 4a thru 4e)	7	8		
Enter the number of cases closed by length of service at the time of closure				
a. Less than one month	9	10		
b. One month or more, but less than two months	11	12		
c. Two months or more, but less than three months	13	14		
d. Three months or more, but less than six months	15	16		
e. Six months or more	17	18		
5. Total number of cases closed as a result of client refusing service (subset of Item 4)	19	20		
6. Cases carried forward to next month (Item 6 = Item 3 minus Item 4)	21	22		
PART B. REPORTS TO APS - UNDUPLICATED	ELDER	DEPENDENT ADULT		
7. Total number of reports of alleged abuse received	23	24		
a. Total number of reports of alleged abuse received after business hours	25	26		
8. Total number of reports of alleged abuse within APS jurisdiction	27	28		
PART C. INVESTIGATION FINDINGS - UNDUPLICATED	ELDER	DEPENDENT ADULT		
9. Total number of reports evaluated and no in-person investigation was made	29	30		
10. Total number of reports investigated (Item 10 = Items 10a thru 10c)	31	32		
a. Total number of reports that were investigated: Abuse Confirmed	33	34		
b. Total number of reports that were investigated: Abuse Inconclusive	35	36		
(i) Of the number in line 10b, the total reports that were closed and no services provided	37	38		
c. Total number of reports that were investigated: Abuse Unfounded	39	40		
11. Enter the number of immediate investigations completed	41	42		
12. Enter the total number of investigations conducted after business hours requiring on-call worker to respond	43	44		
PART D. INCONCLUSIVE/CONFIRMED FINDINGS	INCONCLUSIVE		CONFIRMED	
	ELDER	DEPENDENT ADULT	ELDER	DEPENDENT ADULT
13. Total number of unduplicated reports of self-neglect	45	46	47	48
14. Total types of self-neglect abuse (Item 14 = Items 14a thru 14e)	49	50	51	52
a. Physical Care (e.g. personal hygiene, clothing, shelter)	53	54	55	56
b. Medical Care (e.g. physical and mental health needs)	57	58	59	60
c. Health and Safety Hazards (e.g. failure to protect oneself from risk, danger, or harm)	61	62	63	64
d. Malnutrition/Dehydration (e.g. inadequate nutrition or nourishment)	65	66	67	68
e. Financial (e.g. inability to manage one's personal finances)	69	70	71	72
15. Total number of unduplicated reports of abuse perpetrated by others	73	74	75	76
16. Total types of abuse perpetrated by others (Item 16 = Items 16a thru 16h)	77	78	79	80
a. Physical	81	82	83	84
b. Sexual	85	86	87	88
c. Financial	89	90	91	92
d. Neglect	93	94	95	96
e. Abandonment	97	98	99	100
f. Isolation	101	102	103	104
g. Abduction	105	106	107	108
h. Psychological/Mental	109	110	111	112

## ADULT PROTECTIVE SERVICES (CONTINUED)

PART E. SUPPORT SERVICES	ELDER	DEPENDENT ADULT
17. Cases receiving emergency shelter.....	113	114
a. Total number of days emergency shelter provided.....	115	116
18. Cases receiving temporary in-home protection.....	117	118
a. Total number of hours temporary in-home protection provided.....	119	120
19. Cases receiving tangible or non-tangible support services.....	121	122
a. Cases receiving transportation services.....	123	124

## COUNTY SERVICES BLOCK GRANT

PART F. INFORMATION AND REFERRAL	RESPONSES
20. Number of responses to requests for information and referral.....	125
PART G. OUT-OF-HOME CARE (OHC-A)	CASES
21. Cases brought forward from last month (same as Item 25 on last month's report).....	126
22. Cases opened during the month.....	127
23. Total number of active cases during the month (Item 23 = Items 21 + 22).....	128
24. Cases closed during the month.....	129
25. Cases carried forward to next month (Item 25 = Item 23 minus Item 24).....	130
PART H. OPTIONAL SERVICES	CASES
26. Number of cases receiving optional services during the month.....	131

## SENATE BILL 1003 SUPPLEMENTAL INFORMATION

PART I. SB 1003 SUPPLEMENTAL INFORMATION	YES	NO	
27. Does your county implement the provisions of Senate Bill 1003?.....			
IF YES: Complete #28 and #29 below			
28. Total number of reports evaluated and no in-person response was made.....			132
29. Of those in #28, the total number in which no in-person response was made under the provisions of SB 1003.....			133
a. Receiving intervention from another agency.....			134
b. Protection issue resolved.....			135
c. Placed in a permanent facility.....			136
d. Report received from a non-credible source.....			137
e. Other (explain reasons in comment section).....			138

COMMENTS:

REPORT PREPARED BY:	TELEPHONE NUMBER: (        )	DATE:
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**REPORTING INSTRUCTIONS  
ADULT PROTECTIVE SERVICES AND  
COUNTY SERVICES BLOCK GRANT  
MONTHLY STATISTICAL REPORT, FORM SOC 242**

**CONTENT**

Form SOC 242 collects summary statistical information on the Adult Protective Services (APS) and County Services Block Grant (CSBG) programs. Data collected relating the CSBG includes the following areas: Information and Referral (I&R), Out-of-Home Care Adults (OHC-A), and Optional Services.

Data collected relating to the APS Program includes reports of elder and dependent adult abuse that occurred in other than long-term care facilities, state mental health hospitals, or state developmental centers.

**PURPOSE**

The purpose of Form SOC 242 is to meet the mandate set for Senate Bill 160 (Peace), 1999-2000 Budget, Chapter 50, Statutes of 1999 and Senate Bill 2199 (Lockyer), Chapter 946, Statutes of 1998 (Welfare and Institutions Code section 15658).

**IMPLEMENTATION DATE**

The implementation date for the revised form SOC 242 is May 1, 2000. The May 2000 report will be the first report due on the revised form.

**DISTRIBUTION**

The information is distributed monthly within the State Department of Social Services for program administration. The information collected will be made available to other interested persons upon request.

**DUE DATE**

The SOC 242 is due 20 calendar days after the report month. For example, the May 2000 report is due no later than June 20, 2000.

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## GENERAL INSTRUCTIONS

### Types of Information to Report

Form SOC 242 collects data concerning reports of elder or dependent adult abuse that occurred in a setting other than a long-term care facility. Do not include on the SOC 242 reports of abuse which occurred in long-term care facilities, such as skilled nursing and residential care facilities for the elderly (either licensed or unlicensed), or in state mental health hospitals or state developmental centers, except when APS staff participated in the evaluation and investigation of an incident of abuse in these facilities.

## ITEM DEFINITIONS

***“Abuse of an Elder or Dependent Adult”*** means (a) physical abuse, neglect, financial abuse, abandonment, isolation, abduction or other treatment with resulting physical harm, pain or mental suffering, or (b) the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

***“Case”*** means a report that has been investigated or for which an investigation has been attempted, even if it is determined that services are not necessary. Do not include an investigation of a new allegation on an open case. Case is equal to a person. Do not include reports that have been evaluated and no in-person investigation is necessary.

***“Confirmed”*** means that APS has investigated and based upon some credible evidence can conclude that abuse occurred or most likely occurred.

***“Dependent Adult”*** means any person residing in California, between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. A “dependent adult” includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2 and 1250.3 of the Health and Safety Code.

**“Elder”** Any person residing in California who is 65 years of age or older.

**“Emergency shelter”** and **“In-home Protection”** shall be provided, under the following two circumstances:

1. Pursuant to WIC Section 15763 (a)(2) in response to new reports involving immediate life threats and to crises in existing cases, a place for the elder or dependent adult to stay until the dangers at home can be resolved.
2. Pursuant to WIC Section 15763 (d), to the extent resources are available, for the purposes of providing emergency shelter in the form of a safe haven or in-home protection to frail and disabled victims who are in need of assistance with activities of daily living.

**“Evaluation”** means the preliminary investigation activity performed on a report of abuse to determine if an in-person investigation is required.

**“Immediate Investigation”** means an in-person face-to-face response that is provided in emergency situations to new reports of immediate life threatening circumstances or imminent danger to an elder or dependent adult or to a crisis in an existing case.

**“Crisis in Existing Case”** means a change in the circumstances where the existing protective, supportive or remedial measures will not protect the elder or dependent adult from risk of serious harm.

**“Immediate life threat”** means the elder or dependent adult is presently at risk of serious physical harm, injury or death, through either his/her own action(s) or inaction, or at the hands of another person.

**“Imminent danger”** means a substantial probability that an elder or dependent adult is in imminent or immediate risk of death or serious physical harm, through either his/her own action(s) or inaction, or at the hands of another person.

**“Inconclusive”** means that APS has investigated and there is insufficient evidence to determine that abuse occurred, but the report is not unfounded.

**“Information and Referral”** are activities provided by social service staff and/or contracted agencies which enable persons to have accurate and current knowledge about available public and private resources established to help alleviate socio-economic and health problems; and which provide short-term help to enable persons to identify and gain access to resources appropriate to their needs. (Manual of Policies and Procedures, Division 30, section 30-050.)

**“In-person Investigation Findings-Unduplicated”** means that APS only counts an in-person investigation regarding a specific incident of abuse of an elder or dependent adult once, even if the report being investigated contains allegations

of multiple types of abuse. Do not include investigations conducted as part of ongoing case management.

**“Investigated Report”** means a report that has had an in-person investigation.

**“Investigation”** means that the APS worker conducted or attempted to conduct an in-person, face-to-face response with the client to determine the validity of a report of elder or dependent adult abuse.

**“Month”** means 30 days..

**“On-call worker”** means an APS worker who is on-call after the county’s regular established business hours and who is available and qualified to respond by telephone or in-person to allegations of elder and dependent adult abuse after business hours.

**“Optional services”** are social service programs that are not mandated by Federal or State law.

Examples of Optional Services Programs include: Special Care for Children in Their Own Homes; Home Management and other Functional Educational Services; Employment/Education Training; Services for Children with Special Problems; Services to Alleviate or Prevent Family Problems; Sustenance; Housing Referral Services; legal referral services; Diagnostic Treatment Services for Children; Special Services for Blind; Special Services for Adults; Services for Disabled Individuals; and Services to County Jail Inmates.

**“Out-of-Home Care-Adults”** is a living arrangement in which a recipient is provided with room and board in a protective setting. It consists of activities and purchases by social services staff on behalf of adults who cannot remain in their own homes or other independent living arrangements, and are being considered for placement in out-of-home care facilities. Such activities include providing necessary assistance with placement care, adjustment, discharge or transfer into and from foster family settings, halfway houses, nonmedical out-of-home care facilities, and medical facilities (MPP 30-602.1, 30-602.2).

**“Report”** means either a verbal or written account of the incident of suspected elder and dependent adult abuse that is received by the county.

**“Reports to APS-Unduplicated”** means:

- If more than one report of the same incident is received concerning a specific elder or dependent adult, then enter only one count to unduplicate the number of reports.
- If another report of an incident of abuse is received on the same individual but is a separate incident that occurred at a different time, then count each as separate, additional reports.

- If the report is of another type of abuse received on the same individual during the reporting period, then count each as separate, additional reports.

**“Self-Neglect”** is the failure of an elder or dependent adult to provide the needs listed in Item 14 for him or herself due to ignorance, illiteracy, incompetence, mental limitation, substance abuse, or poor health.

*Types of Self Neglect:*

- Physical Care** means failure to conduct or provide personal hygiene, or to provide clothing, or shelter for oneself.
- Medical Care** means failure to obtain medical care for oneself for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.
- Health and Safety Hazards** means failure to protect oneself from risk, danger or harm, thus causing a threat to one’s health or safety, including at risk of suicide unsafe environment.
- Malnutrition/Dehydration** means depriving oneself of adequate nutrition or nourishment.
- Financial** means failure to protect one’s money or property.

**“Tangible and Non-tangible Support Services”** include but are not limited to:

Emergency food  
Clothing  
Repair or replacement of essential appliances  
Plumbing and electrical repair  
Blankets, linens, and either household goods  
Advocacy with utility companies  
Transportation  
Emergency response units, such as LifeLine, ambulances, etc.

**“Unduplicated”** means if more than one report of the same incident is received concerning a specific elder or dependent adult, then enter only one count to unduplicate the number of reports. If another report of an incident of abuse is received on the same individual but is a separate incident that occurred at a different time, or the report is of another type of abuse received on the same individual during the reporting period, then count each as separate, additional reports.

**“Unfounded”** means that APS has investigated and concluded abuse did not occur.

## INSTRUCTIONS

### ADULT PROTECTIVE SERVICES

For all parts of this report, data should be reported as it occurs, except for Part C, Items 10, 10a, 10b, and 10c, and Part D, Items 13 through 16h, which should be reported once the investigation has been completed.

#### PART A

##### CASELOAD MOVEMENT

1. Cases brought forward from last month  
**(Same as Part A, Item 6 on last month's report)**

Enter the number of cases that were receiving APS services on the first day of the report month. **This must be the same number stated in Part A, Item 6 on last month's report.**

2. Cases opened during the month

Enter the number of APS cases that were opened this month.

3. Total number of active cases during the month  
**(Item 3 = Items 1 + 2)**

Enter the total number of cases that are currently open.

4. Total number of cases closed during the month  
**(Item 4 = the sum of Items 4a through 4e)**

Enter the number of APS cases that were closed during the month.

Of the number of cases in Item 4, enter the number of cases closed during the month by length of service at time of closure.

- a. Enter the number of cases served for less than one month.
- b. Enter the number of cases served for one month or more but for less than two months.
- c. Enter the number of cases served for two months or more but for less than three months.
- d. Enter the number of cases served for three months or more but for less than six months.
- e. Enter the number of cases served for six months or more.



5. Total number of cases closed as a result of client refusing service  
**(Item 5 is a subset of Item 4 and must be equal to than or less than Item 4)**

Of the number of cases in Item 4, enter the number of cases closed because a client was offered and refused services to remedy abuse or risk of abuse.

6. Cases carried forward to next month  
**(Item 6 = Item 3 minus Item 4)**

Enter the number of APS open cases carried forward to the next month.

## **PART B**

### **REPORTS TO APS - UNDUPLICATED**

7. Total number of reports of alleged abuse received

Enter the total number of unduplicated new reports of alleged abuse received.

This item refers to all new abuse reports received by a county APS agency during the month, on elders or dependent adults, including those that are under their jurisdiction or the jurisdiction of another agency, such as law enforcement, the long-term care ombudsman, the State Department of Mental Health, or Developmental Services.

- a. Total number of reports of alleged abuse received after business hours  
**(Item 7a is a subset of Item 7 and must be equal to or less than to Item 7)**

Enter the total number of unduplicated new alleged abuse reports received after county established regular business hours, including reports received during weekends and holidays.

This item represents the total number of new abuse reports received after the county's regular established business hours during the month.

8. Total number of reports of alleged abuse within APS jurisdiction  
**(Item 8 is a subset of Item 7 and must be equal to or less than Item 7)**

Enter the total number of unduplicated alleged abuse reports received that are within APS jurisdiction to investigate pursuant to WIC 15763(b).

Count only reports that were within the jurisdiction of APS to respond. This item represents the total number of new APS reports received during the month including new reports on open cases.

## **PART C**

### **IN-PERSON INVESTIGATION FINDINGS - UNDUPLICATED**

9. Total number of reports evaluated and no in-person investigation was made

Enter the number of unduplicated reports that were evaluated during the month and no in-person investigation was made.

10. Total number of investigations completed  
**(Item 10 = Items 10a through 10c)**

Enter the total number of unduplicated in-person investigations completed by APS.

Count only investigations on new APS cases or new allegations on open cases where there are new allegations not previously investigated that have to be investigated separately from ongoing case management.

The figures in Part C, Items 10a through 10c should be unduplicated numbers and capture the “report” findings and not the finding of every allegation in the report. If the county can confirm at least one of the investigative findings, the report should be counted as confirmed even if some of the allegations cannot be confirmed. Reports should only be considered inconclusive if there are no investigative findings that are confirmed, but there is at least one investigative finding that is inconclusive. Reports should only be considered unfounded if there are no investigative findings that are confirmed or inconclusive.

- a. Total number investigated: Abuse Confirmed

Enter the total number of unduplicated abuse reports that APS investigated and found the report to be confirmed.

b. Total number investigated: Abuse Inconclusive

Enter the total number of unduplicated abuse reports that APS investigated and found the report to be inconclusive.

(i) Of the number in line 10b, the total that were closed and no services provided

Of the total number that were investigated and the abuse was determined to be inconclusive, enter the total number of reports that were closed and no additional services were provided beyond the investigation.

c. Total number investigated: Abuse Unfounded

Enter the total number of unduplicated abuse reports that APS investigated and found the report to be unfounded.

11. Enter the number of immediate investigations completed

Enter the number of immediate investigations of alleged abuse completed.

12. Enter the total number of investigations conducted after business hours requiring an on-call worker to respond

Enter the total number of unduplicated face-to-face investigations conducted by APS as a result of calls coming in after county regular business hours, including investigations conducted during weekends and holidays, which required an on-call worker to respond. Do not include investigations that did not require an on-call worker to respond.

Include investigations on new APS cases, new allegations on open cases that have to be investigated separately from ongoing case management, and/or crisis situations that occur on an existing case that require an on-call worker to respond.

**PART D**

**TYPES OF CONFIRMED OR INCONCLUSIVE FINDINGS**

13. Total number of unduplicated investigated reports of self-neglect

Enter the total number of unduplicated cases of self-neglect of an elder or dependent adult that APS investigated as either a confirmed or inconclusive report.

14. Total types of self-neglect abuse  
**(Item 14=the sum of Items 14a through 14e)**  
**(Item 14 is equal to or greater than Item 13)**

Enter the total types of self-neglect abuse cases.

Enter the number of confirmed or inconclusive self-neglect reports of an elder or dependent adult that APS investigated from the list below. If there is more than one type of neglect per case include one count for each type of neglect that was confirmed or inconclusive. This is not an unduplicated count. Also, include neglect types found during the investigation, which were not alleged in the original report.

*Types of Self Neglect:*

- a. Physical Care** means failure to conduct or provide personal hygiene, or to provide clothing, or shelter for oneself.
- b. Medical Care** means failure to obtain medical care for oneself for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.
- c. Health and Safety Hazards** means failure to protect oneself from risk, danger or harm, thus causing a threat to one's health or safety, including at risk of suicide unsafe environment.
- d. Malnutrition/Dehydration** means depriving oneself of adequate nutrition or nourishment.
- e. Financial** means failure to protect one's money or property.

15. Total number of unduplicated investigated reports of abuse perpetrated by others

Enter the total number of unduplicated cases of abuse that were perpetrated by others to an elder or dependent adult that APS investigated as either a confirmed or inconclusive report.

16. Total types of abuse perpetrated by others  
**(Item 16 = the sum of Items 16a through 16h)**  
**(Item 16 is equal to or greater than Item 15)**

Enter the total types of abuse perpetrated by others.

Enter the types of confirmed or inconclusive abuse reports that APS investigated that were perpetrated by others to an elder or dependent adult from the list below. If there is more than one type of abuse per case include one count for each type of abuse that was confirmed or

inconclusive. This is not an unduplicated count. Also, include types of abuse found during the investigation, which were not alleged in the original report.

*Types of Abuse:*

- a. **Physical** as defined in Welfare and Institutions Code (WIC) 15610.63 (see code section attached).
- b. **Sexual** as defined in the California Penal Code, sections 243.4, 261, 264.1, 262, 285, 286, 288a, and 289 (see code sections attached).
- c. **Financial** as defined in WIC 15610.3 (see code section attached).
- d. **Neglect** as defined in WIC 15610.57 (see code section attached).
- e. **Abandonment** as defined in WIC 15610 (see code section attached).
- f. **Isolation** as defined in WIC 5610.43 (see code section attached).
- g. **Abduction** as defined in WIC 15610.06 (see code section attached).
- h. **Psychological/Mental** means deliberately subjecting a person to fear, agitation, confusion, severe depression, or other forms of serious emotional distress, through threats, harassment, or other forms of intimidating behavior.

**PART E**  
**SUPPORT SERVICES**

17. Cases receiving emergency shelter

Enter the number of cases receiving emergency shelter care during the reporting month.

Count each case once, even if the individual received emergency shelter more than one time during the month. If an individual is receiving emergency services that extends to two different months, count the case once in both months.

a. Total number of days emergency shelter provided

Enter the total number of days that emergency shelter was provided during the month.

18. Cases receiving temporary in-home protection

Enter the number of cases receiving temporary in-home protection during the month.

*Count each case once even if the individual received temporary in-home protection on more than one occasion during the month. If an individual is receiving temporary in-home protection that extends to two different months, count the case once in both months.*

a. Total number of hours temporary in-home protection provided

Enter the total number of hours temporary in-home protection care was provided during the month.

19. Cases receiving tangible or non-tangible support services

Enter the number of cases receiving tangible or non-tangible support services during the month.

Count each case only once even if the individual received more than one service during the month. This number should include cases receiving transportation services.

a. Cases receiving transportation services  
**(Item 19a is a subset of Item 19 and must be equal to or less than Item 19)**

Enter the number of cases receiving transportation services during the month.

## **COUNTY SERVICES BLOCK GRANT**

### **PART F INFORMATION AND REFERRAL**

20. Number of responses to requests for information and referral

Enter the total number of times Information and Referral was provided during the month.

## **PART G**

### **OUT-OF-HOME CARE-ADULTS (OHC-A)**

21. Cases brought forward from last month  
**(Same as Item 25 on last month's report)**

Enter the number of OHC-A cases that were receiving OHC-A services on the last day of the previous month.

22. Cases opened during the month

Enter the number of OHC-A cases that were opened this month.

23. Total number of active cases during the month  
**(Item 23 = Items 21 + 22)**

Enter the total number of active OHC-A cases during the month.

24. Cases closed during the month

Enter the number of OHC-A cases that were closed during the month.

25. Cases carried forward to next month  
**(Item 25 = Item 23 minus Item 24)**

Enter the number of OHC-A cases carried forward to the next month.

## **PART H**

### **OPTIONAL SERVICES**

26. Number of cases receiving optional services during the month

Enter the number of cases receiving optional services during the month.

## **PART I**

### **SB 1003 SUPPLEMENTAL INFORMATION**

27. Does your county implement the provisions of Senate Bill 1003 as detailed in ACL 99-98?

If your county implements the provisions of Senate Bill 1003, enter a check mark in the Yes box and complete questions 28 and 29.

If your county does not implement the provisions of Senate Bill 1003, enter a check mark in the No box and **do not** complete questions 28 and 29.

28. Total number of reports evaluated and no in-person response was made.  
**(same as SOC 242, Part C, Line #9)**

Transfer the number listed on the SOC 242 (9/99), Part C, Line #9.

29. Of those in #28, the total number in which no in-person response was made under the provisions of SB 1003.  
**(Item 29 = the sum of Items a thru e)**

29 a-e: Enter the number of reports in which no in-person response was made based on one of the primary reasons listed below.

- a. Receiving intervention from another agency  
At the time of the report, the client is receiving intervention from another agency that is addressing the allegations of abuse.
- b. Protection issue resolved  
Protection issue has been resolved. Do not include those persons placed in a permanent facility.
- c. Placed in a permanent facility  
Client was placed in a permanent facility and allegations of abuse have been addressed.
- d. Report received from a non-credible source  
Report was received from a non-credible source and/or a non-mandated reporter.
- e. Other  
An in-person response was not required for reasons other than the ones listed above. Provide explanation in comment section.